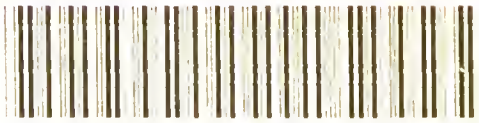
SEXUAL DISEASE AND ITS MEDICAL PREVENTION

H. N. ROBSON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SEXUAL DISEASE
AND
ITS MEDICAL PREVENTION

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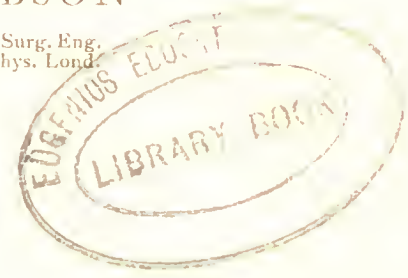

THIRD EDITION

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PREFACE TO THE THIRD EDITION.

In this New Third Edition the Title of the Book has been changed to "Sexual Disease and its Medical Prevention" in response to several suggestions that the old name of Social Disease and its Prevention did not convey a correct idea of the contents. The fact that hereditary syphilis is more and more recognised as the starting point of many types of degeneration such as lunatics, inebriates and unemployables, makes the subject of prevention all the more important. Since the second edition was issued two American warships, the *Concord* and the *Raleigh*, went from Manila to New York, *via* the Suez Canal, visiting various ports *en route*. The crews were placed under the medical preventive measures described in these pages, with the result that they arrived home with a clean bill of health as far as venereal disease was concerned.

H. N. ROBSON

October, 1911.

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SOCIAL DISEASE AND ITS PREVENTION

CHAPTER I

The Prevalence of Venereal Disease

IN the Eighties I travelled a great deal in North America, crossing the continent from end to end four times by four devious and different routes, and visiting most of the cities and places of interest in both Canada and the United States. At the military quarters of the Presidio, in San Francisco, I was introduced to an American army officer; and one day he remarked that the British and American people considered themselves very moral, but that both their flags flew over free and unrestricted venereal disease. This made a lasting impression upon my mind, as the sting lay in the truth of it.

Up to date I have visited sixty-two countries

and islands (*vide* Appendix A on page 102), the total distance being about 175,000 miles, including two voyages to the West Indies and one to South America as a ship's surgeon, the rest of the journeys being on my own account; and ever since the remark above mentioned I have studied the prevalence of certain contagious diseases, and the possibilities of their prevention by prophylactic measures.

In 1888 I joined St Thomas's Hospital, London, as a medical student, and was both alarmed and astonished at the amount of venereal disease prevailing amongst the working classes of either sex —men, women, and children. In the female ward were a number of patients suffering from complaints, the primary cause of which was originally contagious disease.

One day, in 1890, I was in the out-patients' department when one of the surgeons held forth on the discovery of the cause of Gonorrhoea, the gonococcus of Neisser, found in 1879; and stated that it started at the entrance to the urethra and thence spread upwards along the urinary tract. The thought flashed through my student mind: Why let it ever get a start? Why not kill it at once? This was the first definite commencement

of my conviction that the remedy for venereal diseases was not legislation directed against one sex only, but prophylactic or preventive treatment by the individual without any legislation whatever.

Hitherto the only plan for dealing with the evils of contagious disease was by legislation regulating prostitution, a plan unjust in itself inasmuch as it affected one sex only, and which provided a wide field for agitators and morbid purists of both sexes. Moreover, it has been proved to be ineffective, in consequence of so much disease arising from intercourse of a clandestine character, and it is a distasteful business to the doctors and the people concerned.

On the other hand, it was difficult to find a method of prophylaxis of a scientific and practical nature, and when found it would incur the opposition of certain elements of society, who would receive it in the same spirit as they received the scientific discovery that the earth was round, or the doctrine of Evolution.

For six years I was in the "Artists'" corps, and camped out with regulars at Aldershot and other places, and had several opportunities of learning the deplorable condition of our troops in regard to contagious disease.

In 1895 I went for a long trip abroad, lasting until 1900, visiting the countries numbered 21 to 49 in the Appendix; and on journeys of this kind one gathers an amount of information that is at once extensive and peculiar. In Australian cities like Melbourne and Sydney there was a good deal of disease, whilst in the country districts the population is fairly free from it; and this remark applies to most countries.

Proceeding from Australia to New Zealand, where I stopped seven months, quite a long stay was made at Rotorua and Whakarewarewa, places much frequented on account of their hot springs by people suffering from rheumatism. I found out that in many of the incurable cases coming from the Antipodes and elsewhere, the patients were not suffering from rheumatism at all, but from gonorrhoeal arthritis or inflammation of the joints, which is concealed under the misnomer of rheumatism in all English-speaking countries.

From New Zealand I went to the Coral Islands in the South Pacific, and stayed three months in Tahiti, a most beautiful and romantic island, inhabited by the best-looking native race ever discovered by the white man. It is a French possession, without any regulations for prostitution.

and disease is rampant, having been introduced by Captain Cook's ship, the *Endeavour*, when he first discovered the island in 1769. It was sad to see a gentle, lovable, handsome race undergoing the process of being civilised off the face of the earth.

I left Tahiti in a sailing ship that was the mail-boat for San Francisco, and *en route* took charge of the medicine chest, as I was the only one aboard who had studied pharmacology ; and owing to this found out that there were few men in sound health, and that I was one of the few. This finally convinced me that prophylaxis was to be relied upon, but the method was only suitable for those experienced in drugs, and in England the latter would come under the Poisons Act.

Landing in San Francisco on my fourth visit to that city, which has since been destroyed by earthquake and fire, I found that the American flag still floated over the same conditions of disease as described years previously by the American officer, and not even an optimistic belief in Anglo-American ideals for the promotion of morality could have detected any improvement in the general habits of the population at large.

At the end of three months I proceeded to the Sandwich or Hawaiian Islands, and there again

found the Polynesian race disappearing under the stress of drink, disease, and the intense commercialism of American life; this was particularly the case in Honolulu.

After a stay of two months in the islands of Maui, Hawaii, and Oahu, I went on to Japan *via* Yokohama, and found it to be the most interesting country that I had yet visited. Ever since the days of our Queen Elizabeth, prostitution had been more or less under control, and in 1898 rigorous medical and legislative measures were in force and enforced. The Japanese race is an exceptionally healthy and vigorous one, very few cripples and deformed persons are to be found; and this may or may not be due to the fact that from about 1610 to 1854 the country was closed to foreigners, and preserved from the drink and disease of the white races. For years and years women of a certain class have been compelled to occupy quarters assigned to them, and were consequently able to practise cleanliness of a most scrupulous character, and at the same time kept entirely apart from the rest of the community. This is a vast improvement upon the Anglo-American plan of periodically or continually chasing these unfortunates from pillar to post, which forms such a cruel

pastime for prurient persons of both sexes. The Japanese are such a polite people, that it is difficult to get out of them an expression of disapproval; but after being eighteen months in the country, I managed to ascertain that they regarded the idea of promoting morality by the fear of venereal disease as being both unwholesome and superstitious.

After visiting Korea and Eastern Siberia, I made a stay at Peking, and also journeyed up the Yang-tze-kiang valley for 1100 miles to Kwei Chou, returning *via* Nanking and Shanghai. After this I went on my way to India *via* Hong-Kong and the Straits Settlements; and under British rule found that our troops had for all venereal diseases a very high admission rate to hospital, thus showing that fear of disease does not promote a strict morality.

About this time the German government sent a picked body of soldiers to garrison their new possession, Kiaochiao; and after their long voyage from Europe a run ashore was allowed at Hong-Kong, with the result that several were horribly infected with contagious disease. The Germans inveighed bitterly against our method, or want of method, in these matters, but we contented our-

selves by being too respectable to discuss the subject.

I reached Calcutta *via* Burmah, and spent two and a half months in India, the country being in a distressing condition from plague, famine, small-pox, and venereal disease; for the last the admission rate for our army was again high.

I finally landed at Liverpool in June 1900, visiting *en route* Aden, Turkish Arabia, Erythraea (the Italian colony next to Abyssinia), Suakin, Egypt, and Palestine, and went on to Manchester, where I was impressed with the degenerate appearance of the male population. This district furnishes the highest percentage of rejections for physical unfitness for recruits for the army.

In due course of time I became the Resident Medical Officer for fourteen months in a provincial hospital, and here, as in many hospitals, venereal disease is not allowed treatment, out of deference to middle-class prejudices; several deplorable cases came under my notice, and I always did what I could for them. About this time a statement was made in the House of Lords by the then Lord Chancellor, that forty-three per cent. of the inmates of our blind institutions were the victims of contagious disease, chiefly of a natal character.

One of the medical staff of the hospital was a very old man, who had practised in the district for nearly fifty years. He noticed that several people had died of cancer, whom he knew personally had suffered from venereal disease in years gone by, and thought that cancer was apt to attack tissues degenerated by their influence.

In 1904 I made two voyages to the West Indies, the Spanish Main, and also crossed the Isthmus of Panama to the Pacific side of Central America; the tropical jungle is most beautiful, the canal was most interesting, and the last revolution was in full swing under American protection. On both these voyages, and also in a subsequent one in 1906 to Spain, Portugal, and South America as a ship's surgeon, I finally realised how hopelessly utopian is the middle-class notion, that the fear of disease leads to an improved morality. Jamaica is infested with venereal disease, and the illegitimate birth-rate is sixty-five per cent. of the total number of children born! This island is the greatest satire on our *laisser faire* policy for the promotion of morality that I have ever come across in the whole of my travels. Our navy and our mercantile marine have often suffered severely, from the point of view of health and efficiency,

after visiting such plague-spots of contagious disease.

In 1905 Schaudinn and Hoffman made the grand discovery of the *Spirochaeta pallida*, which is now generally recognised as being the micro-organism of Syphilis, and swarms of them have been found in the brains and nervous systems of infants afflicted with hereditary disease. This interested me immensely, as about the same time I did medical work in an asylum, and had charge of 500 lunatic women and children. Some of the saddest sights in the way of human degeneration are to be seen in these institutions, which, in many instances, are beyond the power of the imagination, and must be seen to be appreciated. From time to time I have been taken over several asylums, including Bethlehem, Brentwood, Goodmayes, Darenth, Hanwell, and private ones as well. Many a time and oft have I pondered over the cause of these hopeless degenerates, as the tendency of nature is to revert to the normal, whereas in these cases she proceeds to an extreme that at present has never been explained. Is it rash to suggest that, in the long run, the most guilty party will be found to be the *Spirochaeta pallida* of syphilis?

In the summer of 1908 I attended the excellent Post-graduate College of the West London Hospital, and, in the out-patient departments, noticed that contagious disease was as conspicuous by its prevalence as it was at St Thomas's Hospital; whilst in the children's wards, there were an exceptionally large number of infants suffering from congenital syphilis.

During the same summer a party of German Burgomasters came over to London, and were badly impressed by the physical condition and degenerate appearance of some of the school children. If they had also had some practical experience in the London Hospitals, it might have thrown a lurid light upon the probable reason of this deplorable state of affairs in many cases.

In connection with this painful subject, a warning may be taken from Spain and Portugal, two countries which in times gone by used to produce fine, martial, adventurous races, who are alleged to have decayed and lost their position in the world owing to the destructive influence of the virus of syphilis. *Omen absit.*

Another interesting thing worth mentioning is the fact, that one of the reasons why the Boer women disliked our rule so much, was in con-

sequence of our troops being sent abroad in a diseased condition, regardless of the effects upon the health of the community.

During the South African War, some of my friends were in medical charge of regiments which were not fit for service on arrival in Cape Town, and had to be kept in camps in order to recover their health. In the past few years syphilis has become so rampant amongst the natives in Cape Colony and Uganda, that it is engaging the serious attention of the local authorities. *En passant* I might add that, in Australia, I was told that a visit from a squadron of the Royal Navy had also been a visitation.

It has often been my intention to write a book dealing with the somewhat unique experiences of so much travel, even if it is necessary to leave out many of the most interesting proofs of my statements, and only to give the deductions drawn from them.

For various reasons there has been delay in doing so, and one was that further research of a more scientific character was required in order to prove the truths of venereal prophylaxis; and these are now forthcoming, as a result of the painstaking experiments of Metchnikoff in Paris.

Great Britain is evidently a peculiar country in which to advocate the prevention of contagious diseases, and any attempt to do so by legislation is out of the range of practical discussion; and yet these diseases ought to be stopped, in the interests of the future of both the British and the Americans, and they can now be stopped without any legislation.

Let us clear our minds of cant and look hard facts squarely in the face, and then we shall see that the human races can no more change their natures than the leopard can change his spots. Bearing in mind the sufferings of innocent women and children arising from contagious diseases, the medical profession might greet the experimental prophylaxis of syphilis in a kindly, Christian, and scientific spirit, and present a stern front to the cold, callous Puritanism of the middle classes.

CHAPTER II

Syphilis

THERE has been a good deal of controversy as to the origin of syphilis, whether it was known to the human race in olden time, or whether it arose in the fifteenth century for the first time, or whether, again, it was brought from the New World by the Spaniards. Recent investigations of the archives in Madrid almost prove that it was brought from the West Indies, and that the pilot of Columbus, Pinzon, was suffering from the disease. However, it is sufficient here to mention that Columbus returned to Europe after his discovery of America in 1493, and that the following is to be found in the "Fifth booke of Maister John Vigo of Gennuai, of the French Pockes":—"In the yeare of our Lorde 1494 in the moneth of December when Charles the French King tooke his journey into ye partes of Italie to recover the Kingdom of Naples, there appeared a certaine

disease throughout al Italie of an unknown nature which sundrie nations have called by sundrie names." For generations this disease, called syphilis, or the pox, has been one of the degenerating scourges of the human races; and I have never found a country yet that was free from it, although I have been in sixty-two different countries and islands (*vide* Appendix A). For years doctors and pathologists have known that it must be due to a micro-organism, but in spite of the most learned researches were unable to find it under the microscope, owing to the fact that no suitable staining method was forthcoming; however, at last, in 1905 it was revealed by Giemsa's stain to Schaudinn and Hoffman, and called the *Spirochaeta pallida*, or the *Treponema pallidum.*

The spirochaete, as it will be termed in this book for short, is a delicate-looking, moving, thread-like micro-organism, of spiral form with extreme tenuity, tapering at both ends, and possessed of remarkable longevity in the tissues, and capable of great resisting power to the cells and fluids of the human body. Metchnikoff has made the most elaborate experiments with this microbe on the higher forms of apes, notably the chimpanzees, because the lower forms of monkeys

and the lower animals generally are more or less immune to its inoculation.

Arising from this grand discovery and these painstaking researches, there at last appears a hope or a reasonable expectation, that the human race may be able to guard itself from the disastrous ravages of syphilis, by prophylactic or preventive treatment, which will probably be still further improved later on. This is of special interest to the British and Americans, as it can be effected without legislative intervention; and as the human race tends to become more and more urban, a larger and larger proportion of our population comes under the influence of the spirochaete, whilst the rural districts are to a great extent exempt from it.

The importance of this may be gathered from the fact, that the microscope now enables us to see the true condition of infants born with hereditary syphilis, and they are found to be swarming with the *Spirochaeta pallida* in almost all parts of their little bodies; the disease of syphilis being one of the very few diseases that can be directly transmitted from parent to child. The microscope has demonstrated, on the principle that seeing is believing, that syphilitic infants have

incredible numbers of these micro-organisms in their lungs, livers, the walls of their bladders and stomachs, glands, spleens, kidneys, marrow of bones, ovaries, testicles, nerves and brains. It is possible that we may now be on the road for unravelling the true causes of degeneration in man, and to explaining why there are such public nuisances as incurable tramps, lunatics, criminals, dipsomaniacs, and so forth; types of humanity who have puzzled and worried us for many a long day.

In Great Britain the medical profession and the public generally have failed to realise the importance of contagious disease, as regards its effect upon the happiness and welfare of domestic life, and also upon the physique and efficiency of the race. However, it is never too late to mend our ways or to improve our knowledge, and this was well shown at a meeting of the Medical Society of London, held in May 1908, when an able paper was read by Mr D'Arcy Power on the far-reaching results of syphilis. Cases were mentioned in which people affected by hereditary disease had no apparent manifestations of it until they were twenty-four, twenty-six, thirty-eight, and thirty-nine years of age, when

an accident or an infection like tubercle or influenza reveals its latency. This is a serious state of things, to put it mildly, and it was admitted that tuberculous infection is very frequent in those who are subjects of inherited syphilis; and it is worthy of remark that lunatics in asylums are peculiarly liable to die of tubercle in some form or other.

Up to the present we have talked of syphilitic and tubercular inflammation of the joints as being two separate and distinct affections, whereas we now know that the two may co-exist, from tubercle attacking tissues degenerated by syphilis, whether acquired or congenital. The X-rays have assisted greatly in the matter, and have enabled the effects of hereditary syphilis to be detected at a far more advanced period of life than has hitherto been considered possible, and doctors can distinguish the difference between syphilitic inflammation of bones and the allied inflammations due to tubercle and acute rheumatism in children. An injury or infection brings about renewed activity of the micro-organisms of syphilis, and when once they have been roused, the effect is not confined to the injured part.

Patients have chronic affection of the tongue, known as *leukoplakia*, which occurs sometimes

in young adults—men as well as women—and usually in well-developed and attractive-looking people, who show no other indication of the taint they have inherited. It is not very amenable to treatment, and may end in a tuberculous infection being grafted upon the inflammation, or in cancer, or it may remain unaltered as a distressing nuisance in spite of all remedies. Many medical men still only treat the symptoms of syphilis until they disappear, without impressing upon their patients that it must be persevered in for a long and intermittent period of time; whereas the object of treatment should be cure, and not merely relief of symptoms. At the above meeting, one of the conclusions arrived at was: "Syphilitic change in the bones, joints, tongue, and other parts may occur as a result of inherited syphilis much later in life than is usually recognised. They are then the result of accidental causes, and they are often the only evidence of the inherited taint." An interesting account of this meeting is to be found in the *British Medical Journal* of 23rd May 1908, on pages 1225 and 1233.

In death certificates syphilis is usually concealed under such names as marasmus, aneurism apoplexy, cerebral haemorrhage, and so on.

CHAPTER III

Hereditary Syphilis

INFANTS can inherit syphilis from their fathers only, the mothers being healthy; or from their mothers, the fathers being free from the disease; or from both parents; or finally, the mother may acquire the disease after conception. Early death of the foetus may occur, leading to miscarriages, and these are always strong evidence of syphilis in the father or mother, as it is by far the commonest cause of still-born children.

Infants brought into the world with hereditary disease rarely show any signs of it at birth; in fact, they are usually fat, plump, and healthy-looking, the skin being quite free from any indication of anything wrong. "A lovely child when born, but began to fall off when four weeks old," is a common remark on the part of the fond and anxious mother.

At the end of three weeks or a month after

birth, the infant begins to have a running at the nose from a chronic form of catarrh, which may dry into crusts that interfere with sucking and breathing, and is known by the name of the snuffles. This is followed by a rash in the region of the buttocks, the thighs, back and abdomen, consisting of symmetrical patches, red like the lean of raw ham, whilst superficial ulcerations occur around the mouth and anus. By the class which is usually to be seen at hospitals, the sores are termed a thrush which has gone through the child. These early manifestations of the disease are almost invariably accompanied by a wasting and anæmic condition of the victim, so that it looks old and shrivelled, the skin dry and earthy, the hair falls out, and death may sometimes end the scene. Under treatment all the symptoms usually subside and disappear at the end of a year, and nothing more may be noticed until the age of puberty, when affections of the ears and eyes manifest themselves, causing impairment of sight and possibly total deafness in one or both ears. At the same time fluid may appear in the joints, particularly in the knees, and severe bone disease may set in, beginning with the periosteum or membrane around the

bones; occasionally an eruption appears on the face in the form of a rapidly destructive ulcer. This has been the life-history of untold numbers of people up to the age of twenty, impairing their chances of getting on in the world, causing pain, expense, and anxiety to their families; and it is time an effort was made to make such human fiascos impossible, or as few as possible.

This is not a medical work of a technical character, so that it is unnecessary to give further details of hereditary syphilis, or to enter upon the question of its treatment; but if anyone has a child, or knows of a child resembling the above, it is his or her duty to both the family and the community to see that it is placed under skilled medical care, in order that it may have a fair chance in the struggle for life, and avoid becoming a degenerate or an unemployable waster.

This book is merely an attempt at a popular work, for the purpose of bringing forward the possibilities of prophylactic treatment of contagious diseases, and the prevention of their ravages on human beings. Consequently I may add here that if a prospective father or mother is suffering from syphilis, it is their bounden duty to put themselves under proper treatment,

and the mother particularly should be thoroughly treated, so as to prevent, if possible, the birth of syphilitic offspring. To clinch this view I will give Commentary 185 from Sir Jonathan Hutchinson's work entitled "Syphilis," which contains 243 commentaries on cases that came to his notice, and all of them are worth reading.

"A man, Mr H., was engaged to be married to a young woman to whom he was deeply attached. Before the event she confided to him the fact that she had been seduced. He, notwithstanding, persisted with the engagement, and his wife was to all appearance quite well at the time of the marriage; but only a year had elapsed since she had suffered from syphilis. She remained well through her married life, but she bore child after child which suffered; and one after the other they were brought to me with unmistakable symptoms, and were cured with specifics. On each occasion the father brought the children himself, and was careful that I should not see their mother. He always denied that he had had syphilis; and he never explained either to me or his family doctor what he knew as to the real source of the taint. One of the eldest children suffered from multiple periostitis, had

an abscess near the elbow, and died cachectic. There was one miscarriage, and one child born alive survived only twenty-four hours. With these exceptions all the children were reared, and at the present time there are seven living.

"After I had seen and treated four children in succession, Mr H. came to me one morning on his own account, as he was covered with a syphilitic eruption. On seeking for the chancre I learnt that his first symptom had been a sore throat, and that the sore had been on one side only. He showed me the remains of what, from the history, I could not doubt had been a chancre in the tonsil. He explained it by suggesting that he had poisoned his mouth by starting his infant's feeding-bottle. In the night it appeared that he not infrequently did this, and the plausibility of this suggestion was strengthened by my knowledge that his infant was at the time suffering from a syphilitic mouth. He now for the first time told me his wife's history."

The above case is a good example of what may happen when the mother has no treatment, whilst the following shows the good results of medical care:—

"A case which came under my observation

was of considerable interest in reference to the laws of inheritance. A gentleman, who had lost several children, was sent to me by Dr W—— with the suggestion that he should be treated for latent taint. I found that he had been married five years, and that his wife's first conception had ended in a miscarriage, she herself having an eruption. The next child was born dead, and the next died at three weeks old. The fourth, a girl (at this time an infant), had been delicate from birth, and had had snuffles. The father acknowledged syphilis within two years of marriage, and I quite concurred with Dr W—— that both parents should take a long course of mercury, with the hope of getting rid of the taint. The next child, a boy, died at six months without having shown anything specific; and subsequently two were born which lived, and were apparently wholly free from the taint."

The following is an extract from Commentary 188:—

"I saw some years ago, with an accomplished surgeon from Lincolnshire, a young widow pregnant with her first child. The disease was from her husband, just deceased. She had a copious eruption and a very bad throat, and was put

under treatment in June, the confinement taking place at the end of August. Her child never showed symptoms, and is now a strong and remarkably fine child four years old. It has never needed treatment. The mother suckled the child for four months, during which time she was taking mercury."

Before closing this chapter, it is a matter of some interest to state, that people who have suffered from inherited syphilis may acquire the disease afresh later on in life. As a rule, an attack of acquired syphilis protects against a second one, but, as in small-pox, there are occasionally exceptions to this rule.

CHAPTER IV

Hereditary Syphilis—Illustrative Cases

DR M—— C—— of Bristol had as a patient a little girl five years old, whose mother had died of constitutional syphilis. She was of decidedly feeble intellect, had a large head, and eyesight somewhat defective. At the age of three she suffered an attack of paralysis on the right side of her body, which was preceded by a fall in a fit or an attack of giddiness. Then suddenly one morning her nurse found the left limbs paralysed, and they never recovered. Two years afterwards she had a fit, with convulsions of an epileptic character.

Dr Hughlings Jackson has recorded the following remarkable history of a family, and authentic histories of syphilis in families are not easy to get, and are all the more valuable when you do get them :—

First child, a girl aged eighteen, had eyes affected.

Second child, a girl aged fifteen, was delicate partially blind, and slight right paralysis came on.

Third child, aged twelve, had been always ailing, and was nearly blind in left eye.

Fourth child, a boy aged eight, had fits, was quite blind, paralysed in the lower part of his body, and was partially idiotic.

Fifth child, aged three, had rickets only.

In Commentary 74 Sir Jonathan Hutchinson gives particulars of three children, who developed epilepsy from hereditary syphilis. A girl, aged eleven, who suffered from affections in the eyes, was deaf, and liable to severe headaches and epilepsy. A boy, aged fourteen, with affections of the eyes, who at four years of age had epilepsy followed by paralysis, and was partially idiotic. The third, aged ninteen, became subject to epilepsy at eleven.

Commentary 162 reads as follows:—"Many years ago a clergyman brought me his only son, a youth of fourteen but looking seventeen, very stout and muscular, and having the appearance of excellent health. There was nothing suspicious in his teeth or physiognomy, but he had a sloughing ulcer in the middle of the hard palate, which exposed bone. I was beginning to beat about

for facts as to history, when his father, in great distress and much surprised, exclaimed: 'I thought you would know in a moment, it is surely clear enough.' I was then told that he (the father) had himself suffered from syphilis two years before his marriage, and that the lad before us was the third. The first was still-born, and the second died of 'Infantile Syphilis' at the age of nine months. This boy was a magnificent baby, but at three months old had a slight eruption. This lasted only a few days, and he then continued to have excellent health until two years old, when he had a distinct eruption. At the age of ten he became depressed mentally, and it was feared that he might become insane. He was now fourteen, and had a gummatous ulcer in his mouth."

Commentary 209 mentions the following case as showing for what a long time the taint may manifest itself:—"A surgeon from the country consulted me about his own case. He had married three or four years after syphilis, having been under treatment in the first instance for about six months, and having believed himself quite well for two years or more. His wife never suffered, but her first two conceptions ended in dead births,

and the next two children, although born alive, died with the usual symptoms of inherited disease. Seven children now living have all in turn shown symptoms of infantile syphilis. Thus it would appear that eleven conceptions have in succession been tainted, the inheritance being from the father only, he being in fair health, and a period which has now reached fifteen years having elapsed since he contracted the disease."

Here is the authentic record of a case taken from page 393 of a book by Hill and Cooper:

A. B., aged twenty-three, contracted syphilis in March of one year, had secondary symptoms, and full mercurial treatment.

He was quite well during the four succeeding years.

Fifth year after the attack.—Marriage.

Sixth year.—He had a tubercular eruption on one shoulder. Wife had syphilitic throat, and bore a child which died. Husband and wife got well under treatment.

Commentary 208 deals with the lamentable record of family life after syphilis thus:

Father had syphilis at the time he married.

Mother had a syphilitic eruption six weeks after the marriage.

First year of marriage.—Both parents syphilitic.

Second year.—A girl born, no special symptoms.

Fourth year.—A girl which died at birth.

Fifth year.—A miscarriage at three months.

Seventh year.—A girl born which suffered severely (see below).

Ninth year.—A girl which died at birth.

Eleventh year.—A girl which died at birth.

Fourteenth year.—Mother the subject of paralysis in left side.

Sixteenth year.—Girl born in seventh year; under my care for disease of bone and affection of the eyes. Teeth typical of inherited taint.

This narrative proves long persistence of taint and liability to transmit to offspring.

Commentary 223 gives the history of a family as follows:—

Mrs W., married nineteen years, aged forty-three.

First child died at eleven months of "bronchitis and water on the brain," "not a healthy infant," "bad thrush."

Second child a miscarriage at four months.

Third child had snuffles and thrush very badly indeed, when fifteen years old had bad eyes.

Fourth child, a boy aged thirteen, no symptoms. Mother had ulcerated womb for nine months.

Fifth.—Twins born dead.

Sixth child, a girl aged five, healthy.

The above copious extracts from the commentaries of Sir Jonathan Hutchinson, F.R.S., who is one of the surgeons at the London Hospital, and an acknowledged authority on syphilis, are sufficient to show what a national evil the disease is, and how disastrous to the happiness of married life; whilst the effect upon the health and future of the children is obvious.

A friend of mine of many years' standing acquired syphilis, and after apparently thorough treatment married a healthy wife, who bore him two children of whom the elder was a boy. The son was a peculiar little fellow with the syphilitic physiognomy, and at the age of three or four contracted spinal caries due to the tubercle bacillus of tuberculosis. This sad affliction often ends in humpback or other deformity, and tuberculosis generally is more liable to occur in the tissues of those who are weakened by hereditary disease, than in those whose systems are healthy and more capable of withstanding the onslaughts of microbes.

In nerve affections many people have a congenital weakness of the neurons, of which the nervous system is composed, and this weakness is the primary and essential cause of their illness. Hence, in spite of the most favourable conditions of life, the symptoms of neurasthenia and other nervous disorders manifest themselves, with the result that lives that ought to be quite happy, are rendered most miserable to everyone concerned.

A case came under my own personal observation that is one of the saddest and most unjust that I have ever heard of, and which has been largely instrumental in inducing me to write this little book.

A personal friend of mine was the son of a doctor, who unfortunately contracted syphilis from a patient in the course of his professional duties. He suffered from locomotor ataxia for twenty years, and was a great distress to his wife, until his death from the affection. His son also was a doctor, and always led a most quiet and blameless life, taking great interest in his work and attaining a good position in his profession. At the age of about thirty-seven he had to resign his post, owing to neurasthenia and myasthenia,

which Sir William Gowers, the eminent nerve specialist, pronounced to be the result of hereditary taint. Comment is superfluous.

In hysteria and allied neuroses there is an instability of the nervous system which is mainly hereditary, and evidenced by the fact that neurasthenia, mental disorders, and epilepsy can often and often be found in other members of the same family. In comparison with the Continental doctors, the British medical profession has somewhat overlooked the far-reaching effects of hereditary disease upon the race and the individual. The difficulties of tracing syphilis in a family are very great, owing to the wholesale falsehood of parents and relatives in regard to the matter, which, perhaps, is only natural on their part. But the result is that the doctor often sees a case in which he can merely form the Scotch verdict of "not proven." The instability of the nervous system, mentioned above, reveals itself by weakness of the higher centres which govern the will, or a loss of will power. Hence arises the drunkard, the gambler, the criminal, the lunatic, and the unemployable waster.

CHAPTER V

Acquired Syphilis

ACQUIRED syphilis is where the *Spirochaeta pallida* gains entrance to the body through a scratch, usually on the genitals, but also on the lips from kissing diseased people, or smoking pipes used by them. Dentists have become infected by scratching their fingers against teeth, and doctors not uncommonly from contact with syphilitic sores and secretions with the abraded finger. There have even been epidemics of the disease among lying-in women, and subsequently their husbands, from inoculation of the genitals by the fingers of midwives during labour. Sailors, soldiers, and civilians have been bitten by diseased people in street fights, and chancres have arisen on the injured spots. Jewish infants have been known to become infected when undergoing the rite of circumcision, and there is a case on record of a Rabbi infecting seven after circumcising a syphilitic child.

When a person acquires syphilis, nothing is noticed beyond possibly a slight scratch, which heals up shortly and is thought no more of, until three weeks to one month have elapsed. Then a small red itching papule makes its appearance, slowly enlarging all round like a flat button, becomes hard at the base, and ulcerates. The inflammation around it is slight, and the secretion from the surface of the ulcer is hardly noticeable, but the hardness is usually well marked and its margins definite. In some uncommon cases there may be next to no ulceration, and no secretion whatever; in others there may be a chancroid or soft sore which ultimately takes on the character of the hard sore, so that skilled diagnosis is required in order to avoid disaster. During the first stage of the disease the glands become hard, enlarged, shotty, but remain freely movable upon one another, and do not usually suppurate. The sore or chancre, and the glands or bubo, make up together the primary or local symptoms of the disease. Secondary symptoms are manifest from four to six weeks after the duration of the sore, and may last from two months to two years; and no further changes may show themselves until after months or years of apparent cure, when

tertiary symptoms of a serious character may appear in the brain, the bones, or the internal organs. During the secondaries, eruptions take place on the skin; and there is hardly any skin eruption they may not imitate, but the most common is blotchy and roseolous, variable in duration, and not itchy. Coincident with the rash, or even preceding it, there is sore throat with diffused redness of the fauces, and the formation of kidney-shaped ulcers on the tonsils, with grey-white borders resembling snail tracks. Moreover, there may be inflammation of the eyes, deafness in the ears, patches on the lips and tongue, loss of hair, and so forth.

As stated in a previous chapter, this book is not intended to be regarded as a technical work, or as a treatise on venereal diseases, but merely as an aid to the detection of them, so that they may come under skilled care, and more especially to prevent them occurring at all. Therefore it is only necessary to say here, that if any people find themselves showing any of the above symptoms, they should place their case before a doctor, as a proper diagnosis is all-important with a view to proper treatment. As medical science advances, it is found that syphilis is the cause of more break-

downs in life than used to be suspected in former days, and terrible maladies like locomotor ataxia and general paralysis of the insane are now recognised as being due to this cause. Syphilis is also the most common cause of miscarriages in women, and of cerebral haemorrhage, generally known to the public as apoplexy, a stroke, a fit, and so on. It is also the cause of affections of the tongue in old age, which finally become cancerous, and in many cases is probably the precursor of cancer in other organs. There are good reasons for inferring that when a constitution is affected by acquired or hereditary syphilis, it leads to a lower resisting power to the onslaughts of microbes and hence may arise hip-joint disease, humpback, and consumption generally, rheumatic fever, and many ailments in children. All honour to Mons. Fournier of the Hôpital St Louis, for persistently calling attention to the insidious consequences of syphilis.

The effects of syphilis in the shape of insanity and general paralysis of the insane, will be briefly dealt with in a subsequent chapter, and I will conclude this one with a short reference to locomotor ataxia. This terrible and incurable disease consists of an inco-ordination of movements in walking, together with various symptoms, including loss of

power or control ; and is due to a degeneration of the posterior columns of the spinal cord, which may occur in those who have acquired syphilis, or in those whose parents have had it. The nervous disorders are numerous, widespread, and comprise pain in the limbs, loss of knee-jerk, affection of the eyes known as Argyll-Robertson pupil, muscular inco-ordination of the lower extremities causing an unsteady gait, loss of feeling, sexual power, and control of the urine and faeces. In fact the patient is sometimes in a deplorably miserable condition, and often suffers from severe pains in the limbs and internal organs, whilst deafness, paralysis of the vocal cords, severe headache, and apoplectiform or epileptiform attacks may occur. It is only in the present generation that this disease has been discovered to be a sequela of syphilis; and a house surgeon at the Lock Hospital, London, had a unique experience. He treated three of his friends—all of them medical students —for syphilis, with iodide of mercury, with apparently good results. All three had excellent health for a long period, then two developed locomotor at the end of twenty years, and the third after twenty-four years. It is not often that patients can be kept under observation like these were.

CHAPTER VI

Acquired Syphilis—Illustrative Cases

IN Commentary 30 Sir Jonathan Hutchinson mentions the following case:—

"Mrs G. was the wife of a farmer, and had been married just one year when I saw her. Her surgeon, who wrote me a full account of her case, told me that three months after her marriage she had suffered from a sore throat and an eruption, which latter was at first thought to be scarlatina. After a while the eruption changed its character, she had intense headache and fever, and was confined to her bed for three months. Under treatment she got better, but the rash left scars on the face much as if she had had small-pox, being specially abundant on her forehead and temples. In the seventh month of the disease, she rather rapidly lost the sight of her left eye; and I saw her two months later, when she was in a pale and feeble condition, having lost much health during her long illness."

In Commentary 35 he says :—

"A gentleman, aged thirty-six, married to an intemperate and dissolute wife, contracted syphilis from her, and had a hard sore, which was not diagnosed at first, and for which he had but little treatment. After seeming to heal, it relapsed, and became *phagedaenic*, and he was covered with a secondary eruption which, after a few months, took on the type of *rupia*. It lasted on and off for a year in spite of treatment, and at the end of that time the sores were becoming lupoid. I saw him for the first time at this stage, and although he had been under treatment he was still covered with eruption. He was thin and cachectic, and the lower part of his glans had been destroyed by *phagedaena*, and the urethra opened. This is an instance of insusceptibility to cure by treatment, for which there was nothing to account in the patient's antecedents, as he was of temperate habits, and had always enjoyed excellent health."

A similar case is mentioned in Commentary 83 :—

"A young gentleman of fortune suffered from primary disease, and had an exceedingly hard sore, which was deeply ulcerated. This sore

healed without the patient having either a rash or a sore throat; but at the end of nine months he had a slight red rash for a few days on the chest, and for which he had no treatment. No sooner had it faded, however, than some blisters appeared about his lips, spreading with great rapidity, and covering the whole face and neck in ten days. At the same time others appeared on the buttocks and limbs, the trunk remaining free. For nearly a month the disease continued to develop, in spite of the use of specifics, and he had to be confined to his bed, as he was in an emaciated and loathsome condition. He ultimately recovered, with much disfigurement, and many scars on his face and body."

Case recorded by Dr William Anderson: patient aged twenty-nine:—

First Year.—A hard sore and secondary symptoms.

Second, Third, and Fourth years.—Quite well.

Fifth year.—Began to complain of headache and loss of memory. Dull pain in temples and mental confusion, made worse by mental exertion.

Sixth year.— The head symptoms persisted, headaches worse, manner reserved and suspicious. Under treatment without a good result.

Seventh year.—Suddenly attacked by partial facial paralysis, confusion of ideas, manner surly, partial left side paralysis, dull pain in right side of head. Six days later fell, partially insensible, with complete paralysis in left side of body. Temporary recovery, followed by a relapse, and death in a state of coma.

At the *post-mortem* there were characteristic changes in the arteries of the brain found in syphilis. These changes produce a considerable narrowing of their channels, which favours the formation of clots obstructing the circulation of the blood. Consequently the blood supply of the brain is lessened in those parts affected, causing softening of the brain substance, with disastrous effects upon the patient and his prospects in life. Paralysis in young people free from heart disease is most often due to syphilitic diseases of their arteries ; and the popular expression of apoplexy, a stroke, a fit, and so on, is usually where one of these diseased arteries bursts in the brain, tearing up the brain tissues and wrecking the unfortunate victim for life, or killing the patient outright, especially when advanced in years. So long as narrowing only is present, there are symptoms of difficulty of speech, forgetfulness,

giddiness, brain clouds, or slight attacks of muscular spasm, and so on.

Dr Bristowe records the case of a man, aged twenty-seven, who had for four years suffered from relapsing symptoms of syphilis. He was finally, without much warning, attacked with pain in the head and giddiness, and lost the use of his right arm and both legs, without loss of consciousness.

Commentary 64 contains accounts of a case thus :—

"In the following case an attack of brain disturbance, supposed to imply inflammation of the membrane of the brain, occurred six months after syphilis. Mr R., aged twenty-seven, had a complete but mild attack of syphilis, and in the same year began to suffer from severe headaches. These ended in delirium and mania, and he was in bed a month with bad head symptoms. He was seen in consultation by Dr Hughlings Jackson, and meningitis was diagnosed; but as he had been living freely, it was doubted whether syphilis was the sole cause. Recovery took place under treatment for the time being, and later on loss of speech, with numbness of the right hand, supervened. These symptoms came on rather

suddenly one morning after breakfast, but he had for some time before suffered with headache. At this time he was brought to me, and under treatment the head discomfort and paresis cleared off completely. I was consulted again fifteen months later, on account of weakness of the lower extremities. Mr R. was in good health, and the weakness of his legs was chiefly experienced when he attempted to dance. He could stand and walk fairly well, but if hurried or jostled felt unsafe. He walked with a certain degree of uncertainty, and always preferred to use a stick; his back felt weak across the loins, but there was no trouble with either his bladder or his bowels."

Dr Sharkey has recorded a case in which a man died from disease of the arteries of the brain, in the seventh month of syphilis, and whilst he was still covered with eruption.

I will conclude this series of illustrative cases, by mentioning one of the many that have come under my own personal observation; the majority of the above are from authentic sources, as my own might run the chance of being regarded as doubtful or exaggerated. A rector in a country parish was married to the daughter of an admiral,

who died after lingering for years in a pitiful condition of paralysis. His first son I lost sight of, as he went abroad; his second son had typical teeth, and was somewhat defective mentally; a daughter was fragile in appearance, and more or less devoid of energy. The rector had "a stroke" which compelled him to resign his living, and soon afterwards he died from a second stroke, or apoplexy, caused by the bursting of an artery in the brain—the cerebral artery. This is a most ordinary history of a syphilitic family, and the ultimate fate of the children is yet to be ascertained.

A rising Harley Street surgeon told me of a recent case, where a young man of good family contracted syphilis and gonorrhoea, which led to an attack of paralysis at the end of three months.

It has hitherto been usual to ascribe the paralysis to the former disease, but in a case reported in the *British Medical Journal* in January 1909, there was a paralysis of both legs in a patient, and bacteriological examination proved that it was due to an inflammation of the spinal cord set up by the microbe of gonorrhoea.

In the Morison Lecture for 1909, delivered at

the Royal College of Physicians, Edinburgh, two cases by Christian Müller were mentioned. They were two women (virgins) who were the subjects of well marked signs of hereditary syphilis, and who died of general paralysis at the ages of forty-two and forty-three. The symptoms were not noticeable until a year or two before death.

Innumerable other instances could be given of the dire effects of syphilis upon the individual, the home, and family life generally, but sufficient is written above to show that there is sound common-sense in the Japanese opinion, that to promote morality by the unchecked prevalence of a disease like syphilis is unwholesome, superstitious, and contrary to the health and welfare of a nation. The fear of disease is a failure in the large cities and seaports of Great Britain and America; and modern humanity should demand the scientific application of prophylaxis or prevention.

CHAPTER VII

Syphilis and Insanity

THERE have been great differences of opinion amongst the medical profession as to what extent syphilis is responsible for causing insanity; but since the discovery that general paralysis of the insane, the worst form of insanity and the most incurable, is due to it, the subject has aroused increased interest, thanks to Dr Mott of the Claybury Asylum.

I will content myself by referring to epileptic insanity and general paralysis in this book, as the former is at present as inexplicable as the latter used to be, and both are far too common, especially epilepsy. It is certain that there is a defective condition of the brain and nervous system in epilepsy, and this is probably due to some degeneration of the neurons of which that system is made up. What causes this degeneration? *Voila la question.* Epilepsy is associated with insanity in various ways, and in our public asylums is said

to be found in 50 per cent. of the inmates to a greater or lesser extent. Dr Turner, of the asylum at Brentwood, has had a large experience of epileptics for many years, and after most careful pathological research, is of the opinion that the disease may be due to an abnormal tendency of the blood to coagulate; and that this, combined with an unstable nervous system, are the necessary factors for inducing this terrible and heart-rending complaint. One may be permitted to suggest that these two defects are the result of some degenerative force, but it is well known that epilepsy is hereditary; moreover, it is a curious fact, that the manifestations of epilepsy occur most often at the same period of life as the manifestations of congenital syphilis show themselves—that is to say, between birth and twenty years of age.

In general paralysis of the insane, now regarded as being usually one of the after effects of syphilis, the patient suffers from fits that are often indistinguishable from epileptic fits; and the succession of fits known as the status epilepticus is more frequently found in general paralytics than in idiopathic epilepsy, and in this state some of the general paralytics pass away. In children general paralysis is always associated with hereditary

syphilis, with a course and character similar to that in women; but strong, healthy men in the prime of life are the greatest sufferers.

General paralysis mostly affects vigorous, energetic men who have done well in the world, and whose heredity is free from the taint of insanity, but who have acquired syphilis. They begin with an outburst of extravagance and speculation that often half ruins their families, then fits set in, and each fit leaves them in a more demented condition than before, until finally they become bed-ridden in a deplorable state, without any control of their urine and their faeces. In our asylums the saddest and most distressing examples of human wreckage —men, women, and children—are to be seen in the wards for epileptics and general paralytics. Sometimes general paralysis begins with an attack of acute mania with grandiose delusions, sometimes with the fits of a varied character, and in some cases it is the culmination and termination of locomotor ataxia.

I once had to take charge of a magistrate from Barbados to Plymouth, who came on board in apparently good health and with a powerful physique. He suddenly developed an attack of acute insanity of a violent and resistive character, and

great difficulty was experienced in confining him in a cabin. When shut up he proceeded to smash everything in sight, and, tearing the metal stoppers of the wash-basins from their fastenings, endeavoured to break the glass of the porthole. As this was too much of a good thing, and might lead to flooding the cabin and the saloon, I put the handcuffs on and fixed him to a bedpost until he was exhausted and rendered quiet by drugs. He never forgave me for handcuffing a magistrate, but he had to remain shut up until his arrival at Plymouth ; and on going to London was pronounced by Sir William Gowers to be in the first stage of general paralysis. A curious feature in connection with this form of insanity is the addiction to kleptomania ; and the pocket of a general paralytic may resemble a magpie's nest, containing pickings of all sorts from everybody—pencils, pipes, handkerchiefs, ties, pieces of paper, in fact anything that can be appropriated and put away quietly.

Under the heading of Syphilitic Insanity, in his clinical lectures, Dr Clouston gives the following example :—" H. R., when a student, was infected with syphilis which ran a bad course, and many of its effects never left him. He entered the Church, married, and procreated several unhealthy

children, one of whom became insane, suffering from repeated attacks of mania. In twelve years after his attack of syphilis he became changed mentally and morally, showing a morbid irritability, threatening violence to his wife and children, disregarding the decencies of life and the proprieties of his social station and profession; going about the parish telling improper stories, and not conducting himself rightly in regard to some of the female members of his congregation. On admission to the asylum his mental symptoms were those of simple mania; he had a stricture, copper-coloured blotches on his skin, and irregular baldness. He was untruthful, malicious, showed no natural feeling and no self-respect. His mental power steadily deteriorated; he became subject to convulsive seizures, partial paralysis, incontinence of urine, and finally died thirteen years after he first showed mental symptoms, and twenty-five years after the attack of syphilis, which had been at the root of all his ills."

Dr Clouston gives another case thus:—"H. S., aged thirty on admission to the asylum, had a severe attack of syphilis at seventeen, for which he was treated, but afterwards remained irritable and sometimes violent. On one occasion he at-

tacked his mother, and smashed the door of a neighbour's house with a poker, and when taken to the station had a partial paralysis. He was for ten years in a private asylum at Musselburgh, and was then taken to Morningside, suffering from delusions and so forth. In three years his delusions were worse; he seemed to have a slight difficulty of speech, and he imagined a woman had located herself in his mouth, and was the cause of this, as well as of a bitter taste in his mouth. He died after being in the asylum for twenty-six years."

He also mentions two cases of general paralysis at ages from twelve to twenty, and two others, "in both of whom the first symptoms of this disease had shown themselves at fifteen, and in both followed a typical course till they died; the one at the age of seventeen and the other at twenty. Both were girls who had never menstruated, and were undeveloped and girlish in form and appearance. Both had a neurotic heredity, and both had hereditary syphilis."

Dr Mott, of the Claybury Asylum, quotes the following interesting case of juvenile general paralysis:—"A boy, aged sixteen, of the better class died in an asylum; at the autopsy no sign of congenital syphilis was found on the body, but the

most advanced morbid condition characteristic of general paralysis. I interviewed the father, who told me that he had suffered from syphilis five years before marriage; he had been treated by eminent men and told that there was no fear of unfortunate results in marriage. The first child died within twenty-four hours of birth; the second within two days; the third at ten years old developed interstitial keratitis (the syphilitic affection of the eyes), and later specific nerve deafness; and the fourth was the patient."

I knew a medical student of fine physique who had syphilis whilst he was at the medical school; he settled down in practice, and had just got engaged, when general paralysis set in, and he finished his career in a dreadful condition.

In another case that came to my notice, a gentleman of good family and social position suddenly developed symptoms of this incurable affliction, and the first definite sign was fouling his bed, to the great distress of his wife, who sent for a doctor. After the usual preliminaries of the complaint, he became more and more demented and paralytic, and finally had to be confined to bed. Lapses of his bowels and bladder became habitual, and he ceased to be an intelligent being, unable to

feed himself or even to brush the flies away from his mouth. Death closed the scene at the end of four years, the patient suffering badly from bed sores, and being in a condition of emaciation.

In yet another case an acquaintance of mine had a brother in a good position, who had an attack of syphilis after his marriage and infected his wife, which caused great domestic trouble and unpleasantness in the family. When his eldest son was seventeen the father developed general paralysis, and perished miserably as a lunatic in a private asylum. The son had his career spoilt, for he had to leave college and go into an office, as the breakdown and subsequent expense had half ruined the wife and family. Innumerable instances of a like sad character are known to the medical profession, but the public know little of the results of syphilis, and recently we have found out that they are more lasting and far-reaching than we used to think.

There is no nervous tissue that is not found diseased and degenerate in advanced cases of general paralysis—the spinal cord, the retina of the eye, and the peripheral or distant nerves; whilst in no other malady is such a combination of changes to be seen. The skull is thick and heavy, the

lining of the brain is thickened and adherent, and the brain itself is shrunken in all its dimensions, with abundant subarachnoid fluid or water on the brain, as it is termed. The disease is fatal and without hope.

There is an interesting statement in one of Dr Clouston's lectures, written before the discovery that this affliction is due to syphilis, and it reads as follows:—"The savage in the savage state is free from it, and the Irishman and the Scotch Highlander need to come to the big towns or to go to America to have the distinction of being able to acquire it. In this country the Durham miner, when earning good wages, fulfils the most perfect conditions yet known for the production of general paralysis. Every sixth lunatic admitted to the Durham County Asylum is a general paralytic." Exactly so, and this is the drift of my book, that strong, vigorous British and American men go to their cities, become infected with syphilis in their thousands, and this is a powerful factor in the degeneration of the race. It is almost a satire to think of the power for evil possessed by that delicate, threadlike form, the *Spirochacta pallida. Que faire avec ce diable le? L'écrasez par la prophylaxie.*

CHAPTER VIII

The Prevention of Syphilis without Legislation

DIFFERENCES of opinion as to the prevention of contagious disease have prevailed in different countries, and the opinion as to the righteousness of preventing any of it has changed from time to time in the same country. Thus, in the eighteenth century, Guilbert de Préval, who advocated a preventive, was struck off the list of regent doctors of the Faculty in France; whereas to-day, and for some years past, France has been conspicuous for her efforts to prevent these diseases. Speaking generally, the Northern nations of Europe have endeavoured to prevent disease by legislation, whilst the English-speaking races have adopted a policy of *laisser faire*, or do nothing, with deplorable results in British and American cities. Women are usually against preventive measures, but they little know how pernicious the microbes of venereal disease are, as they are seldom fully informed on the subject, even when they and their children are suffering from them.

Legislation on the matter has been denounced as being illegal, because it is contrary to the moral law; but I have found that, taking the world as a whole, morality is a question of local custom, which varies greatly in different races. For instance, Mohammedans regard monogamy as unclean, and contrary to religion and physiology. Such legislation is unjust, inasmuch as it is directed against one sex only; immodest it certainly is in many ways; but to the scientific mind its main fault is that it is ineffective. The experience of the police on the Continent is to the effect that, when certain women are licensed and under observation, a large amount of disease is propagated by girls and women presumably respectable.

In Japan there is an admirable system, by which the women are licensed and made to occupy certain quarters; and this alone, apart from any question of medical inspection or police supervision, tends to enable cleanliness to be observed, and to prevent solicitation outside their quarters. This method is an improvement upon the British and American habit of blinding oneself to unpleasant truths, and allowing this class of women to be harried and unhoused, and subjected to

treatment that ought not to be dealt out to any woman. Most of the evil of disease is done before marriage, and, carried consciously or unconsciously into marriage, forms a great source of domestic and marital unhappiness.

Experience in our asylums and hospitals shows that there is far more venereal disease than one would think, and most moralists have never had any experience in these places at all; hence their impracticable ideas and unpractical ideals, which set them against all prevention, with the most deplorable results to the health and welfare of the nation. The fear of disease, in the shape of a possible future inconvenience from its effects, is not sufficient to deter the impulses of nature in any country that I have been in; but it does encourage unwholesome practices by the two sexes. However, it is impossible to adduce the proofs of these statements in any book.

In regard to the important subject of prevention, something might be done in the way of legislation, by endeavouring to stop the importation of disease from abroad. Women on the Continent who cannot get their licences because they are diseased, often come over to this country and America, and proceed to scatter disease as

much as possible without let or hindrance. Comment on the folly of allowing this is superfluous. It might also be feasible to have institutions, where people affected with syphilis could be treated efficiently with injections or inunctions, which would tend to prevent a good deal of the hereditary disease which afflicts our town population.

The main scientific facts in connection with the prevention of syphilis, are the learned researches which have been carried out by Professors Metchnikoff and Roux, at the Pasteur Institute, Paris. These have practically proved that the micro-organism of syphilis, named the *Spirochaeta pallida* or *Treponema pallidum*, cannot penetrate intact healthy skin or mucous membrane, but effects a lodgment through a scratch, and must be deposited in the superficial layers of the dermis, or between the dermis and the epidermis of the skin. Here it remains apparently for about eighteen hours before entering the deeper tissues of the body, and this makes it possible to destroy the virus before it gets started on its degenerating career. Details in regard to these researches are admirably set forth in a book called "Experimental prophylaxis of Syphilis," by

Paul Maisonneuve, and translated into English by de Verteuil, to which the reader is referred for particulars. It is sufficient to state here that fatty mercurial preparations, used within eighteen hours of inoculation, have been proved to be efficacious in both men and monkeys ; but possibly nothing human is absolutely infallible. Experiments were performed many times on the anthropoid apes, and also on men who volunteered to undergo them on behalf of science, or who had accidentally become infected. This discovery is of great value to medical men, accoucheurs, dentists, midwives, nurses, and any other people who may incur the risk of infection from patients or otherwise.

The ointment employed is harmless to the tissues of the body, and may be used as a lubricant before incurring the risk of infection, which is the safest plan ; or it may be applied to any scratch within eighteen hours after the risk has been incurred. The mercurial preparation is as follows :—

Hydrargyri Subchloridum, .	33 parts.
Vaselinum, ...	9 „
Lanolinum, ...	58 „
	100

Great care must be taken that the preparation is free from water, and both vaseline and lanolin must be anhydrous, so as to be in this essential condition.

A prescription based on the above and written in simple English would read as follows :—

Calomel, . . .	Four drachms.
Vaseline, . . .	One drachm and a quarter.
Lanolin, . . .	Seven drachms.

The vaseline and lanolin must be anhydrous or free from water.

On 1st May 1907 an Austrian army order was issued for the prevention of venereal diseases, and carried out, with the result that there was a decrease of 62 per cent. in the amount of disease in some of the regiments.

The French War Office has issued a notice (*vide* Appendix B) on the prevention of venereal diseases in the army, and ordered the soldiers to be provided with boxes containing 5 grammes or $1\frac{1}{4}$ drachm of the ointment. It is to be hoped that the British and American Army Medical Services will follow suit, especially as the British army has for years been a byword for disease in Europe, owing to the sad results of middle-class domination in

high places. The sailors of the navy and of the mercantile marine might also be supplied with the prophylactic when in port, and prejudice and ignorance should give way to the advance of science all round. Doctors, dentists, midwives, accoucheurs, and nurses ought always to be provided against contagion from suspicious cases; and, as regards private individuals, I am content to quote the following from Mons. Maisonneuve's book :—"Apart from scientific considerations, it has been stated that the preventive use of mercurial ointments was immoral, because it would tend to increase the number of extra-conjugal relations. But as all moral prophylactic measures have failed to arrest the spread of syphilis and the consequent infection of the innocent, what is immoral is to check the means of fighting the evil." In this I quite concur, but *quot homines, tot sententiae.*

CHAPTER IX

Gonorrhoea

GONORRHOEA, vulgarly termed the clap, is a specific and infective inflammation, accompanied by a muco-purulent discharge, or a running made up of mucous and pus. It may affect any mucous membrane that it comes in contact with—such as the eye, for example—but is usually found in the genital organs, causing inflammation of the urethra in the male, and of the vulva, urethra, and cervix uteri in the female. The disease is due to a micro-organism discovered in 1879 by Neisser, and known as the "gonococcus," and is now regarded as one of the pests of mankind, owing to the microscope revealing its presence in many affections, which formerly were considered to be separate complaints. Gonorrhoea begins with an itching and irritation, attended by a yellowish-white discharge, which later on becomes purulent, with redness and swelling of the parts, together with pain or

smarting on passing water. Unless cured, it passes into a chronic stage known as gleet, without any pain, and with a thin, watery discharge, which may last for months or years in spite of all care and attention. Up to quite recently gleet was regarded as harmless, and unable to infect others, but research has proved that this is a mistake, and the mistake has caused much marital and domestic misery, and continues to do so in many cases.

Finger of Vienna has made most interesting investigations into the life-history of the gonococcus in the urethra, or passage for the urine, and he finds that at first it locates itself at the meatus, or just inside the entrance of the urethra; and this is the place where it should be subjected to prophylactic treatment, by being killed on the spot. Failing this, the microbes develop their numbers and spread along the surface of the lining mucous membrane, making their way up the urinary tract, and causing great inflammation to the parts invaded. As long as they are merely on the surface of the mucous membrane it is not so difficult to deal with them, but a serous exudation wells up between the epithelial cells of that membrane, and thus affords

a path for the entrance of the gonococcus into the lower tissues, and once it gets in this position it is as hard to kill as it is to shoot a rabbit in a burrow. Remedies applied may deal with the microbes on the surface of the membrane, but cannot reach those covered up in the deeper portion ; hence the semi-incurable character of this objectionable social evil. Before the scientific investigation of this disease was possible by the microscope—that is to say, before the discovery of the micro-organism—the idea was that there was no fear of contagion to others after the cessation of the purulent discharge. It is now known that the period of contagion is indefinite, and depends upon the existence of the gonococcus in each particular case; both men and women may be contagious for years, and this is well expressed in the French proverb: *Une chaudepisse commence ; Dieu sait quand elle finira.* The importance of preventing such a disease becomes obvious; as I will now briefly proceed to show in regard to the effect upon married life.

A man contracts gonorrhoea at an early period of his life, looks upon it in the old-fashioned way as being a simple matter of little importance,

conceals the disease by trying to cure it himself with the aid of a chemist or a quack, and the affair ends in complications of a serious character or a chronic gleet.

Some are lucky and get rid of the infection, others are cured by good treatment in the hands of an up-to-date doctor; but in too many cases there remains a slight discharge, perhaps only noticeable in the morning, and this is due to gonococci being latent in the urethra, or to a stricture formed by chronic inflammation, with or without latent gonococci in addition. This is really the serious part of the whole business, as the delusion in regard to the harmlessness of a gleet still largely prevails amongst the public. Whilst in this condition, which may have lasted for months or years without attracting much notice, the man marries with the best intentions, in sheer ignorance of the far-reaching possibilities of his condition, and without any idea of inflicting injury upon anyone, and especially the bride of his choice. It is, therefore, imperative that the public should be made acquainted with the true character of gonorrhoea; false modesty and middle-class notions should be brushed aside, the prejudices and ignorances of the past should be abandoned, so that young men

should be educated in sexual hygiene, and the significance and danger of contagious disease inculcated upon them, for the good of society and married life.

CHAPTER X

Gonorrhoea and its Complications

THE medical profession know well enough that gonorrhoea is very prevalent in British and American cities; but the British and Americans are not so apt to recognise the importance of contagious disease, as their governments take no steps to prevent it, and thus its importance is not impressed upon the mind of the people at large, as it is in foreign countries. It is not my intention to deal with the subject of the treatment of venereal diseases after they are acquired, but only with the possibilities of preventing them; and, therefore, it need only be stated here, that if anyone incurs gonorrhoea, sound and suitable treatment should be obtained as soon as possible, so as to ward off the complications and, perhaps, ruinous consequences of this social and marital evil.

In the male, one of the commonest complications is stricture, or a narrowing of the urethra;

it is often neglected, and leads to serious trouble years after the original disease, in the shape of a stoppage of the urine; many cases are to be seen at hospitals in men whose families are just growing up, and a serious operation is sometimes necessary. Another complication is inflammation of the prostate, which is most difficult to treat and may become chronic; enlargement and even cancer of the prostate has been ascribed to this condition. Cystitis, or inflammation of the bladder, is another most painful and not uncommon result of gonorrhoea, and may also take on a chronic form.

The most important thing connected with gonorrhoea, from a social and marital point of view, is where the male or female has the disease in a latent or chronic form; as it is necessary to bear in mind that, although the male is usually at fault, it is possible for the fair sex to become infected either sexually or innocently. Widows may be left infected by their late husbands, or young girls may catch it from baths, towels, or from occupying the same bed with diseased members of their own sex; whilst, epidemics of specific vulvo-vaginitis in children's hospitals have been recorded by many observers. In consequence of

exploded ideas and false teaching in regard to the innocuous character of a gleet, many a man, in all walks of life, has married with the best intentions and infected his wife, with disastrous effects upon her health, her procreative capacity and the happiness of married life. The gonococci in a chronic case of gleet in the male become inert and inactive, but can be revivified by transmission to fresh tissues, which are supplied by the wife or a healthy woman. They acquire virulence anew on the mucous membranes of the partner, and can reinfect the male in a state of activity, causing an intense, purulent discharge, with burning pain on passing water, to his great dismay and astonishment. Many a honeymoon has been disturbed in this manner with mutual recriminations; and many a marriage has been spoilt which would have turned out happily. I remember a case in Gloucestershire, where the husband had an acute gonorrhoea at the end of ten days, and, on consulting the doctor, both parties were found to be in the same condition; and as it was impossible to decide which had given it to the other, there was dissatisfaction on the part of both bride and bridegroom.

It is impossible to gauge the extent of infection

in married life; but gynaecologists now recognise that it prevails far more than used to be suspected; and in the "Report of the Committee of Seven on the Prophylaxis of Venereal Diseases in New York City," it was indicated that thirty per cent. of all venereal infections occurring in women, in private practice, is communicated by their husbands. The Committee endeavoured to obtain from the leading gynaecologists of America and Europe, the proportion of cases of pelvic inflammation due to gonorrhoeal infection; the average of the statistics was forty-seven per cent.

In women the results of gonorrhoea may be far more serious than in man, as the inflammation can ascend into the womb, the fallopian tubes, and the ovaries, setting up a chronic condition of semi-invalidism, with painful or difficult menstruation. After years of trouble and annoyance, or as the outcome of an acute infection of their uterine appendages, the aid of the surgeon is invoked, and trying operations submitted to. However, it need not be inferred from this that every woman is so unfortunate as to suffer in this way; as both men and women can be cured of this disease, provided they realise the importance of treating it in a thorough manner, or provided

they have a stroke of luck by getting rid of it.

In cities a large proportion of men who marry have, or have had, gonorrhoea, Noeggerath maintaining that in New York the proportion is eight hundred out of every thousand; whilst Dr Morrow, in his book entitled "Social Disease and Marriage," maintains the following:—"It is no exaggeration to state that every year, in this country, thousands of men carry to the marriage-bed the germs of disease, destined to wreck the health and lives of their wives and children." This is true of both England and America, and is largely the outcome of ignorance rather than wilfulness; the ignorance arising from false and erroneous ideas of the dangers and consequences of venereal disease, and which the medical profession have not been in a hurry to dispel, out of deference to middle-class prejudice and narrow-mindedness.

In women the infection often remains localised and hardly noticed, or is merely regarded as one of the slight inconveniences arising from intercourse; and even as being part of the hygiene of marriage. This runs on in the usual way until pregnancy occurs, when the patient is disappointed by

producing an abortion, due to inflammatory conditions of the lining membrane of the womb; or she may proceed to full term, and have a fully developed child. In either case, great trouble may ensue from the gonococci multiplying in an extraordinary manner, and becoming exceedingly virulent in the tissues prepared by the process of parturition, and thus enabling them to flourish and wreak their wicked work on the innocent but unfortunate victim, who is considered to have had trouble in her confinement, and so on.

Modern medical science has proved beyond a doubt that with the termination of a pregnancy, whether it be an abortion or a fully developed child, an impetus is provided for the extension of gonorrhoeal inflammation, owing to the tissues being in that delicate and susceptible condition of succulence, which is the joy of the microbe, and the happy hunting-ground of the gonococcus. The latter sets out on an excursion, invading in turn the uterus or womb, the fallopian tubes leading from the womb to the ovaries, the ovaries themselves, and even the peritoneum or lining membrane of the abdomen, thus causing a peritonitis, often fatal. In girls and women this peritonitis has many a time been mistaken for

appendicitis, and in other cases it has been diplomatically termed an appendicitis by way of a euphemism ; the *suppressio veri* and the *suggestio falsi* being regarded as essential for the sake of reputation. In the married woman the invasion of her reproductive organs may clear up either with or without an operation ; it may require a long confinement in bed, as the infection is apt to be intractable ; it may leave her with painful adhesions for the rest of her life ; it may result in a hopeless condition of sterility ; finally, the obstetric surgeon may have to remove uterus, tubes, and ovaries, in order to render life endurable. Briefly, the explanation of these things is mechanical ; the sterility arises from the inflammation blocking up the means of communication between the ovaries and the womb ; and these alterations are permanent and irremediable. The pain is often permanent on movement also, and is due to the inflammation forming adhesions to surrounding parts which are sensitive ; in this way, walking or shopping may cause a pulling or dragging on those parts, and pain is a matter of course.

Of late years a good deal has been heard of the lower birth-rate in America and Great Britain,

and there is no doubt but that an interference with nature is somewhat responsible for it; on the other hand, a very fair amount of what the Germans call one-child sterility is due to gonorrhoea, the mother being rendered incapable of producing another. Neisser is of the opinion that gonorrhoea is a more powerful factor in sterility than syphilis, and is responsible for at least forty-five per cent. of sterile marriages; the reason of this is that syphilis may pass away under thorough treatment, whilst gonorrhoea sets up permanent changes of a mechanical nature in both male and female.

Before passing on to the effects in the male again, I will shortly mention the fact that an inflammatory condition of the fallopian tubes is often the cause of an extra-uterine gestation, or a pregnancy in an abnormal position; and this is a most awkward and dangerous condition of things in the woman, requiring an immediate operation to save life or infinite trouble.

It is not to be inferred from the above that all pelvic inflammation is due to gonorrhoea, as it may occur in puerperal fever, from sepsis in the hands of careless midwives, from illegal operations, and so forth.

A very sad feature in connection with gonor-

rhoea is the blinding of infants, owing to their eyes becoming infected with the gonococcus as they pass in the act of birth along the diseased parts of their mothers; the infection sets up a violent inflammation which impairs or destroys the sight. These cases form about fifty per cent. of the inmates of blind institutions in different countries; and it is usual to describe them as born blind, whereas they are not born blind at all, but with normal vision. The affection is known as ophthalmia neonatorum, and so prevalent is gonorrhoea amongst mothers, that it is routine treatment to wash or disinfect the eyes of the infant as soon as possible after birth, so as to ward off the disease by prophylaxis. Adults may also infect their eyes, and get gonorrhoeal ophthalmia; which is a very serious matter for them, and politely termed a purulent conjunctivitis.

Gonorrhoea is not the mere local complaint that it is popularly supposed to be, but becomes a constitutional disease; by the microbe invading the system and causing inflammation of the joints, pleurisy, infective endocarditis or heart disease, and other serious complaints, the true origin of which has been revealed of late years by the tell-tale microscope, which is usually able to show up

what micro-organism is setting up the inflammation in any given case.

Gonorrhoeal arthritis, or inflammation of the joints, is a most serious thing, and Davies-Colley says it is as common in women as in men; it leads to permanent stiffening, or even fixing of a knee, elbow, wrist, or other joints, when it is euphemistically called an incurable rheumatism, although rheumatism has nothing whatever to do with it.

The most important facts in human life arising from gonorrhoea, are the effect upon the happiness of marriage and the sterility it causes in both sexes. The way in which it affects the female has been shown above; it is also the commonest cause of absolute sterility in the male, by inflammatory conditions in the prostate, and by the blocking up of the ducts which convey and contain the semen. In the divorce court most suits arise in childless marriages, as they cause dissatisfaction to both parties, but the blame is usually ascribed to the wife. One of the pathetic features of life is the woman balked of her instinctive desire to have a child, and she goes from doctor to surgeon and surgeon to doctor, in the vain hope of being cured of her sterility, and all the while she may be merely married to a husband who has been ren-

dered sterile by an old gonorrhoea. It is impossible not to be struck with the number of sterile and one-child marriages to be found in Great Britain and America to-day; in the latter country it is almost a national evil, and ascribed to race-suicide. It would be fairer to the fair sex, if half the evil were put down to the spirochaetes and gonococci communicated by one sex to the other, and generally by the male after marriage; he being ignorant of what he is doing, thanks to middle-class prudery concealing sexual hygiene from him.

CHAPTER XI

Gonorrhoea—Illustrative Cases

ON page 132 of Dr Morrow's "Social Disease and Marriage," an interesting American work, is the following:—"I knew a girl in perfect health, of great beauty, combining muscular strength with regularity of features and graceful movements, possessing a most amiable disposition—in brief, a paragon of a wife to make a husband happy. She married a young man in a good business. It was a marriage based upon mutual affection, and held out every prospect of a long and happy union. A week after her marriage she came to me with an abscess in one of Bartholini's glands, and a profuse discharge from the vagina. She was under treatment for months. The abscess was opened and drained; the uterus was washed out daily with powerful germicides, curetted, and finally treated with electricity. During her menstrual period she was seized with violent pain in the lower part of her abdomen, and had a

temperature of 105 and a pulse of 140. Two days later a swelling appeared in the pouch of Douglas; in a few more days the swelling appeared 3 inches above the symphysis. An incision in the vagina gave exit to a large amount of pus; but peritonitis set in, and the abdomen had to be opened. Some pus foci were dealt with; but the appendages were found so embedded in a mass formed by the uterus, the intestines, and newly formed tissue, that their removal was found impossible. Finally she died.

"In many similar cases the patients recovered for the time being but went on leading a life of invalidism interrupted by more acute attacks of peritonitis. Some get well after having their ovaries and tubes removed. This, then, is what awaits these poor women—discharges, inflammations, a life full of suffering, operations, or death."

On page 133 Dr Morrow gives an account of an interview he had with a young man: "Oh, by the way, I have had a little gleety discharge for three or four years; I suppose that will make no difference in my marriage. He was assured that it might make a great difference. Examination showed that he had a couple of strictures, with abundant filaments in the urine containing gono-

cocci. Upon my protesting to him that marriage in his present condition was impossible, he insisted that it must go on, that all arrangements were made, and that the marriage could not be postponed. It was then explained to him fully, the probable and almost certain results of infection of his wife, with its serious consequences; but it was evident that these statements were received with downright disbelief. He was deaf to expostulations and protests, and the marriage took place at the time appointed.

"A few weeks later he sent for me in great haste, saying that his wife was suffering horrible pain. Upon my visit I found a beautiful young woman doubled up with peritonitis, with a profuse purulent discharge from the urethra, neck of the uterus, and evidences of purulent salpingitis. She was desperately ill for some two or three weeks, and then got better. At his express instance she remained under my care for nearly a year. During that period she was an invalid, scarcely able to walk, spending most of the time on a sofa; and with each menstrual period there was a recurrent attack of suppurative inflammation of the annexa. He was finally persuaded to consult a gynaecologist; but as both he and his wife were anxious to

have children, an operation was deferred. She was a confirmed invalid for three years, and finally had her ovaries removed. She is now in miserable health, and will probably remain a life-long invalid.

"Now these cases are drawn from life. Such histories are common, so exceedingly common that every physician of experience meets with them in practice. The experience of all gynaecologists is concurrent with the conclusion that infection of the wife by latent gonorrhoea in the husband, is a most prolific source of illness in married women, often leading to invalidism, unsexing, or death."

All modern writers and obstetrical surgeons recognise the fact, that in the inflammatory diseases peculiar to women, a great factor is gonorrhoea.

The following is taken from a book called "Diseases of Women," written by Dr A. H. N. Lewers of the London Hospital :—

"N. G., age twenty-eight, was admitted into the London Hospital under my care. She had been married ten years, and had one child eight and a half years ago. She thought she had had a miscarriage four years before admission. She

had never been well since her confinement, which was said to have been a difficult one. She had been attended at the time by a midwife, and was very ill for some time after it. Ever since the confinement she had suffered from constant pain and aching in the left iliac region, with numbness down the left leg; and the pain had been much worse for the five months preceding her admission. Since her confinement menstruation had been very irregular, with very great pain for a week beforehand. She was advised to try palliative treatment, and did so for six months without finding herself any better. She was accordingly readmitted, and I removed the uterine appendages. Some dense adhesions on the left side had to be separated before the appendages on that side could be removed. Both the fallopian tubes were slightly enlarged, and the fimbriated ends had been closed by adhesions, the outer ends of the tubes being firmly adherent to the corresponding ovary. I have seen this patient at intervals since the operation; she was quite free from the constant pain which had been her chief trouble for about fifteen months."

This operation involves permanent sterility in the woman.

Here is another case from the same book, and there is a certain amount of sameness in all these gonorrhoeal cases :—

"C. S., age thirty, was sent up to me by Dr T—— of Woolwich, and was admitted into the London Hospital under my care. She had been married twelve years, and had had three children, the last nine years before admission. The confinements were said to have been easy, but her symptoms date from ten years ago. Her chief complaint is of constant pain extending down the left leg. She had been in three other hospitals before coming to the London, and since the illness there had been a good deal of irregularity as regards menstruation. The uterus was found to be bound down by adhesions, and a swelling about the size of a walnut was felt to the left of it, which was also more or less fixed. The diagnosis was chronic inflammation of the uterine appendages, and these were ultimately removed. There was some dilatation of the left tube, and its outer end was closed and matted to the ovary in the usual way ; there were also dense adhesions between the left appendages and the pelvic wall."

The above have been somewhat abbreviated.

A case came under my notice where a young

man had an attack of gonorrhoea, which extended up to the bladder, so that he was confined to his bed for three months. These cases of cystitis, or inflammation of the bladder, are not uncommon, and are a serious matter to people in situations.

Another case was where a man had a gleet for ten years, and in spite of all treatment was unable to get rid of it. He married and infected his wife, who reinfected him with a virulent gonorrhoea; when this passed off the gleet passed away also.

Ministers of religion, like girls and women in respectable walks of life, conceal these diseases, partly from shame and partly from self-interest, and the results are sometimes very sad.

One of the worst I have seen was a vicar in a fair living, who was the son of a canon, and a fine, good-looking, athletic man all round. He contracted gonorrhoea with inflammation of the joints, and became a physical wreck, hobbling about with a stick. The parishioners were told it was a bad case of rheumatism.

CHAPTER XII

Gonorrhoea—Its Prevention without Legislation

ENOUGH has been stated to show that it is a mistake to regard gonorrhoea as a mere local disease, trivial in character, of limited duration, and entailing no serious consequences in married life, because modern science has proved the contrary by means of the microscope. At the risk of repetition it is necessary to say that British and Americans become more and more urban, and consequently a larger and larger proportion of the population are infected with venereal microbes; and it is a matter of national importance to recognise hard facts, and to avoid the policy of the proverbial ostrich.

During the reign of Queen Victoria all preventive measures were tabooed, common-sense in regard to contagious disease was thrown to the winds, and the results are now apparent in our asylums, hospitals, and the dismal records of our obstetrical surgeons. Vigilance committees, largely

composed of people defective both mentally and physically, have vainly tried to do what Rome in all the plenitude of her power failed to do in mediæval times, and Dame Nature views their futile and fatuous efforts with a cynical self-complacency. She knows full well that her venereal micro-organisms flourish luxuriantly in dark, secret, and sequestered places, where they can be transmitted undisturbed by ablution or antisepsis, and this is the invariable result of the so-called suppression of vice. Doctors of Divinity are the antithesis of Doctors of Medicine, inasmuch as the former are full of eloquence and good intentions as regards the world as it ought to be, whereas the latter are filled with a silent and satirical knowledge of the world as it really is.

Let us clear our minds of cant and look at the matter from the point of view of hard-headed common-sense. We have to deal with Dame Nature, a shameless vixen, destitute of all pity, morality, and remorse. Modern medical science proves that she delights in filling a baby's eyes with gonococci, to the impairment of its sight and the distress of its mother; she glories in breaking up domestic happiness by introducing her microbes into the family; she gloats over the pathetic plight

of a woman reduced to sterility; and she presides over the countless sufferings of our asylums and hospitals.

The women, animated by the best of intentions, have endeavoured to put her down by exhortation and the suppression of vice; Dame Nature, with true feminine spitefulness, hits back at them with whips and scorpions, in the shape of spirochaetes and gonococci. The pity of it all, and the satire of it!

In English and American cities there has been a fight going on for many years—the fight of Virtue *versus* Nature, and the former has turned out to be like American republicanism, which is filled with the highest ideals, but results in the attainment of exactly the opposite. Modern investigation tends to show that the women have suffered severely as the results of the encounter; they have fought the good fight, according to their lights, and it has recoiled upon them as a boomerang, smiting them hip and thigh like a two-edged sword. Nature has a cruel revenge for those who are *contra naturam*, and she has vented her wrath upon London, New York, and other cities, and wreaked her vengeance upon men, women, and children without pity, remorse, or discrimination.

To her microbes all are alike fair game—old and young, innocent and guilty, male and female, married and single; in fact, such is her perversity and wickedness, that she finds the hardened sinner a difficult subject to overcome, because he is too wily; therefore she prefers to wreck the tyro, the babe, and the bride, whose tissues undeservedly provide the most succulent pastures for her loathsome micro-organisms. The whole thing is enough to make the angels weep, and to provoke a sardonic smile on a graven image of Mephistopheles.

There is a large amount of venereal disease in America and the British Empire. In places like Chatham and Hammersmith, near London, the condition of things to-day is a positive evil, and it is time to call attention to it. Dr Lane of St Mary's Hospital, and of the London Lock Hospital, has stated "that in every general hospital a great proportion—possibly 33 per cent.—of the cases seen in the out-patients' department is of disease of this nature." It would be both useful and instructive if one or more of our large hospitals were to arrange so that for a period of a month, a list could be made of all the cases, the primary cause of which was venereal disease; multiply this by

twelve, and we should get a good idea of the number per annum.

We once more come to the practical question, not what ought to be done, as we know that man ought to live like a Quaker, but what can be done under given circumstances. Legislation is impossible, objectionable, and ineffective. Vigilance committees are serio-comic arrangements, which must be largely composed of defectives, as otherwise they would be incapable of such spiteful cruelties against unfortunate women, and also capable of realising the futility of their own proceedings. Both legislation and vigilance committees are rendered ineffective by the amateur *fille de joie,* that artful minx who was more than a match for all the temporal and spiritual powers of mighty Rome in the middle ages, when the Church tried to stamp out fornication. Punish her, and she becomes more artful and elusive; persecute her, and she retires to darker and more sequestered places; exhort her, and she still believes that stolen fruit tastes sweetest. She seldom fails to find someone who agrees with her on the subject, and even elders of the Church have been known to fall in with her views. In these days of vigilance committees and motor cars she is more elusive and

ubiquitous than ever, and a persistent conveyer of nature's destructive agents. Experience has proved over and over again on the Continent, that from the point of view of disease, the licensed courtesan is far less dangerous to the community than the purveyor of clandestine intercourse, who is too respectable to have her ailments treated.

The only remedy left is that of scientific prophylaxis, or prevention of disease, without any legislation or committees whatever ; and this is probably the only true solution of the danger, and the one that holds out the most promise for saving the women and children from the sad effects of the policy of *laisser faire* and counsels of perfection. It may be urged that prevention will open the floodgates of immorality ; but this argument is like the dogmas of the total abstainer, who says that all alcohol should be prohibited, as people cannot resist the temptation of it, whereas many people do not take it at all, and only the few are drunkards. The fear and neglect of venereal disease in the past did not make our army and navy more moral than those of foreign countries, who adopted measures for the protection of their men, and it has led to our men being five times more diseased than the Germans, for instance. It is time that the sane

man exerted himself in the direction of moderation, as the extremists have done harm enough in all conscience; and moderation consists in keeping to the middle of the road, avoiding *laisser faire* on the one hand and legislation on the other.

A sane country should have sufficient sense to defend itself against venereal disease, if possible; and now that science has opened the road for killing these microbes at the point of infection, it would be nothing less than a sin to neglect the matter any longer. These things have not been revealed to us for nothing, and even if we do shut our eyes to them, other nations will not; so we may as well come to our senses and modify our utopian notions, which are responsible for much of the degeneration to be seen in our towns. It is never too late to mend; at the same time, it is invariably better to go slowly and to introduce reform in a tentative manner, as it is a mistake to be sure of anything.

In dealing with the prevention of social diseases, such as syphilis and gonorrhoea, it is necessary to bear in mind that it is not only advisable to prevent fresh infection, but also to cure people who are infected; and, therefore, it is a pity that the cure of these diseases is so per-

functory at the present time. If half the time and money spent on the prevention of sleeping sickness in Central Africa were spent on preventing venereal disease at home, much more good would be done to the British empire and to the British race; but certain sections of society are ever prone to shut their eyes to evils lying at their doors.

Institutions might be erected to treat syphilis amongst civilians, both male and female, in the same thorough manner as is now done in the army by hypodermic injections; or certain days might be arranged for doing it at our hospitals. Acute cases of gonorrhoea ought also to be treated thoroughly, if possible; whereas they are often regarded as of no account, and even refused treatment at some of the hospitals. It is, however, doubtful if the present generation is capable of attending to these matters, as it is too ignorant, and has been kept in ignorance for various reasons; and, therefore, beyond making these suggestions as subjects for reflection, it is as well not to waste time by insisting further on the point.

A sadly neglected item in the education of young men is that of sexual hygiene; and the

numbers who are turned out into the world, and into the infected cities, without having any idea of the nature or the danger of venereal micro-organisms, is a sad reflection on the intelligence of England and America. If this book is read by anyone, and contributes its mite towards dispelling some of this ignorance, the writer will be more than satisfied.

The main thing in social defence against these social diseases, is the prevention of further infection as much as possible; and, therefore, the sane men of the country should put their foot down, firmly and politely, by quietly insisting that there should be some sanity and sanitation in these matters. The first thing that might be done, is to introduce prophylaxis into the army and navy, where the recent scientific discoveries might be utilised, as in the French army, and the results watched by naval and military surgeons; and an interchange of ideas arranged with other European countries, with a view to improving and perfecting it. It is, of course, obvious that in dealing with soldiers, sailors, and human beings generally, allowance must be made for their ignorance and indifference; and a method adopted that is at once the easiest and most practicable. Therefore,

if possible, the same substance that is used for prevention of syphilis should also be used for preventing gonorrhoea; and this may be found in the ointment invented by that learned pathologist, Professor Metchnikoff, and the prescription for which is to be found in the chapter on the prevention of syphilis (page 62).

In the German navy an experiment was made in the Far East, with a view to decreasing the amount of gonorrhoea, and the results were so satisfactory that it has been extended, and similar measures adopted in the French army and also the navy. The German method consists in supplying the men with collapsible tubes, one containing the ointment for syphilis, and the other containing a preparation of protargol made up in petroleum jelly, strength three per cent., and used as a preventive against gonorrhoea. The French War Office has issued an order, dated 23rd September 1907, giving full instructions relative to venereal diseases, what the preventives are to be, and how they are to be used by the soldiers. The preventives are the calomel ointment for syphilis, and a solution of potassium permanganate, strength 1 in 5000, for gonorrhoea.

This strength of 1 in 5000 is equivalent to one

grain of potassium permanganate, which may be bought in tabloid form, dissolved in half a pint of tepid water; and the entrance of the urethra should be gently, but not forcibly, syringed with the solution, with or without the further use of the ointments mentioned below.

As stated above, it would be easier for the men if the same ointment were used for both purposes; and as the gonococcus is always just inside the meatus urethrae to begin with, it ought to be possible to kill it on the spot by means of the calomel ointment. Mercuro-zinc-cyanide ointment effects this with a strength of 1 in 200; and the calomel ointment is of a strength of 33 per cent., or 66 in 200, and this should be a lethal dose for any gonococcus. The main point is, whether the calomel ointment would injure the mucous membrane without killing the microbe; tentative experiments tend to show that this is not the case, and Professor Metchnikoff has stated that it does not injure the tissues of the body.

For the prevention of gonorrhoea, the way to use the calomel or mercuro-zinc-cyanide ointment is as follows:—

The soldier or sailor should be instructed as to the far-reaching consequences of this disease, and

told that, if the risk of infection has been incurred, the ointment should be inserted within eight hours. He should first pass water; then press out what urine remains in the urethra; then dry the meatus or entrance with a handkerchief or anything of like material; and finally, place a piece of the ointment, equal in bulk to that of half an ordinary currant, about a quarter of an inch inside the meatus by means of the smooth end of a match. The piece of ointment should be left in for at least an hour, or all night, and is easily removed by merely passing water.

These instructions apply equally well to the injection of the 3 per cent. protargol preparation used in the German army, or the 1 in 5000 solution of potassium permanganate prescribed for the French army.

Owing to idiosyncrasies or individual peculiarities in different people, it is not possible to state positively that the calomel ointment would not irritate the mucous membrane in some cases; the whole method of prophylaxis is so modern that further experience and experiment are required.

The difficulty of experiments is greatly increased by the fact that animals are immune to the gonococcus; and, therefore, human experi-

ences only are available for science, and these are somewhat hard to get, and require time and patience. There are French, German, and Austrian societies for the prevention of venereal disease, but Great Britain lags behind, and has not got one; the medical profession might do worse than bring itself up to date by starting one for the good of the nation. These societies could work together and assist the army and navy doctors in their good work, and in a few years these social diseases would probably be brought under control without any legislation.

I have to thank the War Offices of London, Paris, and Berlin for kindly giving me most interesting information; but figures and statistics have been avoided, as they lead to argument and contradiction. Both at Paris and Berlin the idea is, that it is not yet time for the army medical services to pronounce a decided opinion as to the practical value of the prophylactic treatment in vogue, and probably it will take time to educate the men up to its value, so as to enable them to carry it out efficiently.

It is necessary to bear in mind that, in addition to the large amount of venereal disease in the United Kingdom, there are fresh supplies con-

stantly imported by the army, the navy, and the mercantile marine from foreign ports and possessions, without mentioning the foreign women who cannot get their licences abroad on account of disease; nearly all of which could be stopped by common-sense and preventive measures.

The matter is a serious one, as the British are already following in the wake of the Spaniards and the Portuguese, in that they have less pronounced symptoms of syphilis in the first stage of the disease than formerly, thus showing that the race is becoming impregnated with the virus, according to the doctrine of immunity. On the other hand, it is reported that the nervous system is more affected in the later stages, and thus the last state of things is worse than the first.

It is an open question whether syphilitic degeneration is not one of the causes which has led to the British losing their relative position in the world of late years.

During the present century, the British will have to meet a more strenuous naval and commercial competition than in the last; and it is, therefore, advisable to improve the health and physique of the nation as much as possible. I have found out that the educated foreigner

views our *laisser faire* policy with disgust and contempt.

It is to be hoped that this book will not be misunderstood by the public, or misinterpreted by those who are against all preventive measures ; as it is merely an effort to call attention to great evils that really exist, and which have been concealed too long, and to the detriment of the nation's welfare. Modern science opens up a vista of great possibilities for the improvement of the present state of affairs, and it is only right that the public should be informed on the subject, so that it may be able to form an opinion as to what ought to be done, or whether nothing ought to be done.

Our asylums and hospitals show conclusively that this is a sad and weary world for high ideals ; and it is more sensible to take the world as we find it, and to do the best we can under given conditions. To put the thing in a nutshell, the question is simply this, ought modern science to be invoked in order to check these social diseases ?

APPENDIX A

LIST of countries visited in the course of my investigations as to the prevalence of venereal diseases, and the possibilities of their prevention. The figures denote the number of visits.

1. England.
2. Scotland (6).
3. Wales (2).
4. Ireland (3).
5. France (9).
6. Belgium (2).
7. Holland.
8. Luxembourg.
9. Germany (2).
10. Switzerland (3).
11. Italy (4).
12. Monaco (3).
13. Spain (2).
14. Greece.
15. Turkey (2).
16. Russia.
17. Gibraltar (2).
18. Malta (2).
19. United States (2).
20. Canada (2).
21. Ceylon.
22. West Australia.
23. Victoria.
24. New South Wales.
25. New Zealand.

South Pacific Islands.

26. Rarotonga.
27. Raiatea.
28. Huahine.
29. Eimeo.
30. Tahiti.
31. California.

32. Hawaii.
33. Maui.
34. Oahu (Honolulu).
35. Japan.
36. China (2).
37. Korea (2).
38. Siberia.
39. Hong-Kong.
Straits Settlements.
40. Singapore
41. Penang.
42. Burma.
43. India.
44. Aden.
45. Erythraea.
46. Sudan.
47. Turkish Arabia.
48. Egypt.
49. Palestine.
50. Barbados.
51. Trinidad.
52. Jamaica.
53. Panama
54. Costa Rica.
55. Colombia.
56. Jersey (2).
57. Guernsey (2).
58. Portugal.
59. Cape Verde Islands.
60. Brazil.
61. Uruguay.
62. Argentina.

APPENDIX B

DECREE of the French War Office on the Prophylaxis of Venereal Diseases, dated 23rd September 1907, and published in Volume 83 of the Bulletin Officiel, page 253.

"The researches carried out in France by Metchnikoff and Roux on Syphilis, in Germany by Neisser on Gonorrhoea, have shown that these two infections can be prevented in a great number

of cases, during the first hours after contamination, by attention to an extremely easy application.

"These proofs are of considerable practical importance. They furnish fresh arms for contending against the venereal peril. In regard to this matter it is indispensable to take, in the army, every necessary prophylactic measure.

"In a matter of this kind one must put aside all prejudices. It concerns the public health, the preservation of the race, even the peace of families, so that no precaution should be neglected in order to stop venereal infection.

"Moreover, the morality of individuals has never gained anything by ignorance or dissimulation. It is only doing a social duty to instruct the young soldiers about certain dangers which threaten them, and to provide them with the means of avoiding as much as possible the consequences when they are exposed to them."

The Decree then goes on by ordering the military doctors to teach the recruits about venereal disease, and its prevention by the calomel ointments and the 1-5000 solution of potassium permanganate, and full particulars are given as to how they are to be used. The Decree is signed,

HENRY CHÉRON.